a valid OMB control number.

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

Attorney Docket Nu	mber	20-LC-1956/624226.225						
First Named Invento	or	C. Richard Unkle						
COMPL	ETE I	F KNOWN						
Application Number	Unas	signed /						
Filing Date	Sim	ultaneously Herewith						
Group Art Unit	Unas	ssigned						

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) □ Declaration ☐ Declaration Submitted OR Submitted after Initial with Initial Filing (surcharge (37 ČFR 1.16 (e)) Filing **Examiner Name** Unassigned required)

As	As a below named inventor, I hereby declare that:											
My	My residence, post office address, and citizenship are as stated below next to my name.											
l b na	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
	Method and Apparatus for Diagnosing Difficult to Diagnose Faults											
	in a Complex System											
	the specification of which (Title of the Invention) is attached hereto OR											
	was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Appl	lication Number	•	and w	as amended on (MM/D	D/Y	YYY)		(if applicable).				
I he	reby state that I have r ended by any amendm	eviewed a	and understand the	contents of the above	iden	tified specification	n, including the c	aims, as				
	knowledge the duty to					dofinad in 27 CI	TD 1 50					
			The state of the s	material to paternabilit	y as	delined in 37 Cr	Th ₹.50.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.												
Prior	Foreign Application Number(s)		Country	Foreign Filing Dat (MM/DD/YYYY)	е	Priority Not Claimed	Certified Cop	y Attached? NO				
□ Ac	dditional foreign applica	ation num	bers are listed on a	supplemental priority o	lata	sheet PTO/SB/0	2B attached here	to:				
I her	reby claim the benefit t	ınder 35 l			onal	application(s) lis	ted below.					
A	pplication Number	(s)	Filing Date	(MM/DD/YYYY)								
6	0/162,045		10/28/199	99	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
					1							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

		1171110				<u>, </u>		<u> </u>		~ ~ ~	7116		Jiioa	<u></u>	<u></u>	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the privaled States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application.										rior ose						
U.S. Parent Application or PCT Parent Number					•	rent F MM/D		g Date		Parent Patent Number (if applicable)						
																_
	·															
											1					
Additiona	l U.S. or F	PCT internationa	applica	tion num	nbers ar	e listed or	a sup	plement	tal pri	ority data	sheet P	TO/SB/	02B attach	d here	to.	
As a named inv and Trademark	ventor, I h « Office co	ereby appoint the nnected therew	e followi th:	ng regis	tered pr	ractitioner	s) to p	rosecut	e this	applicatio	on and to	transa	ct all busin			tent
				OR		<u> </u>							Number			
			<u>X</u>	Registe	red prac Regist	ctitioner(s)	name	registra	ation r			w L	Registration			
	Nam				Num					Nam	e			Numb	er	
James H.	Beuss	se		27,1	15			Johi	n L.	DeA	ngelis	gelis, Jr. 30,			30,622	
David G.	Maire	;		34,8	65			Carl	Ro	wold			29,	023		
Additional	registered	d practitioner(s)	named o	n supple	emental	Registere	d Prac	titioner	Inforn	nation she	et PTO	/SB/020	2 attached	nereto.		
Direct all corr	responde		Custom or Bar (-					0R	× c	orresp	ondence a	ddres	s bel	low
Name	John	L. DeAnge	lis, J	r.												
Address	Holla	nd & Knig	ht, LI	LP_												
Address	1499	S. Harbor	City	Blvd.	, Sui	te 201										
City		ourne						State FL			ZIP	32901				
Country	USA	<u> </u>		Те	lephon	ne (32	21) 6	1) 674-1			Fax	(32	21) 951	951-1849		
believed to be punishable by	true; and fine or in	I statements mad further that the nprisonment, or t issued thereon.	ese state both, ur	ements	were m	ade with	the kno	owledge	that	willful fal	se state	ements	and the lik	e so m	nade a	are
Name of S	ole or F	irst Invento	r:					A petiti	on ha	as been	filed fo	r this u	ınsigned i	nvento	r	
G	iven Nar	ne (first and m	iddle [if	anyl)			Family Name or Surname									
C. Richa	ard					<u></u>	U	Inkle								
Inventor's Signature		C	Die	Las	مراس	The	hl					į	Date	6/	12/0	Q.
Residence:	City	Fairview	<u> </u>		State	PA		ountry	Ţ	JSA			Citizensi	ip U	SA	
Post Office A	ddress	7262 Aut	umn l	Lane												
Post Office A	\ddress															_
City		Fairview	State	PA		ZIP	, 1	6415			Cou	ntry	USA			
	l invento	rs are being n	amed o	n the _	1 sur	plement	al Add	fitional	Inve	ntor(s) s	heet(s)	PTO/	SB/02A a	tache	d her	reto

Please type a plus sign (+) inside this box ->

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

											
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										ventor	
Given Na	me (first and middle [if any]	Family Name or Sumame									
Nicholas Edw		Roddy									
Inventor's Signature	nell su	(P.	es_							6/26/00	
Residence: City	Clifton Park	State	NY		Country	USA		Citizens	hip	USA	
Post Office Address	30 Grissom Drive	1							***		
Post Office Address											
City	Clifton Park	State	NY		ZIP	12065	Countr	y US	A		
Name of Addition	nal Joint Inventor, if an	y:			A petitic	n has been file	d for th	nis unsigr	ned in	ventor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Inventor's Signature									te		
Residence: City		State			Country			Citize	nship		
Post Office Address											
Post Office Address	·										
City		State			ZIP		Cou	ntry	-		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for th	nis unsigr	ned in	ventor	
Given Na	me (first and middle [if any])			Family Name or Surname						
Inventor's Signature							Date				
Residence: City	State				Country Cltizenshi						
Post Office Address											
Post Office Address			т								
City		State			ZIP			Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.